

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017078 AF

DOCUMENT # M98000000404

1. Entity Name
DUNŠINANE II, L.L.C.

00 APR 17 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
31356 VIA COLINAS
WESTLAKE VILLAGE CA 91362

Mailing Address
31356 VIA COLINAS
WESTLAKE VILLAGE CA 91362-3915



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MMMM

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-7000219

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE MGR
NAME COLBURN, DAVID D
STREET ADDRESS 555 SKOKIE BLVD., SUITE 555
CITY- ST- ZIP NORTHBROOK IL 60065-1287

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME VERBECK, DAVID C
STREET ADDRESS 31356 VIA COLINAS
CITY- ST- ZIP WESTLAKE VILLAGE CA 91362

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME DUNHAM, DAVID D
STREET ADDRESS 2550 MIDWAY ROAD, SUITE 220
CITY- ST- ZIP CARROLLTON TX 75006

TITLE
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STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)